

EXHIBIT C

PROOF OF CLAIM

Name of Debtor:

USA Commercial Mortgage Co.
 USA Capital Diversified Trust Fund
 USA Capital First Trust Fund LLC

Case Number:

BK-S-06-10725 LBR

NOTE: See Reverse for List of Debtors and Case Numbers.

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address:

[REDACTED] 11321241000082
 1996 KNOBEL TRUST DATED 9/5/96
 C/O ANNA S KNOBEL TRUSTEE
 8919 CHALLIS HILL LN
 CHARLOTTE NC 28226-2687

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

Check box if this address differs from the address on the envelope sent to you by the court.

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (704) 543-0244

Last four digits of account or other number by which creditor identifies debtor:

#2095

Check here replaces
 if this claim or
 amends a previously filed claim dated: _____

1. BASIS FOR CLAIM

- | | |
|--|---|
| <input type="checkbox"/> Goods sold | <input type="checkbox"/> Personal injury/wrongful death |
| <input type="checkbox"/> Services performed | <input type="checkbox"/> Taxes |
| <input checked="" type="checkbox"/> Money loaned | <input type="checkbox"/> Other (describe briefly) |

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Unremitted principal

Wages, salaries, and compensation (fill out below)

Other claims against servicer
 (not for loan balances)

Last four digits of your SS #: _____

Unpaid compensation for services performed from: _____ to _____

(date) (date)

2. DATE DEBT WAS INCURRED:

3. IF COURT JUDGMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.
 See reverse side for important explanations.

UNSECURED NONPRIORITY CLAIM \$

- Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral:

Real Estate Motor Vehicle Other _____

Value of Collateral: \$ 54,850,000.-

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ 23,000.02

UNSECURED PRIORITY CLAIM

- Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ _____

Specify the priority of the claim:

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
- Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____).

* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. TOTAL AMOUNT OF CLAIM \$

AT TIME CASE FILED:

(unsecured)

\$ 348,006.30

(secured)

\$ 1/A

\$ 348,006.30

(priority)

(Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO:

BMC Group

Attn: USACM Claims Docketing Center

P. O. Box 911

EI Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO:

BMC Group

Attn: USACM Claims Docketing Center

1330 East Franklin Avenue

EI Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

DATE

11/10/06

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Anna S. Knobel, trustee

FORM B10 (Official Form 10) (10/06)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM						
Name of Debtor	USA Commercial Mortgage Company	Case Number	06-10725-LBR						
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>									
Name of Creditor (The person or other entity to whom the debtor owes money or property) Michael T McGrath Trustee of the 2001 Michael T McGrath Revocable Trust dated 12/11/01	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.								
Name and address where notices should be sent Michael T McGrath 66 Schanda Dr Newmarket, NH 03857-2151 Telephone number 561-596-8194	<small>THIS FORM IS FOR COURT USE ONLY</small>								
Last four digits of account or other number by which creditor identifies debtor	<input type="checkbox"/> Check here if this claim replaces _____ <input type="checkbox"/> amends a previously filed claim dated _____								
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes See Exhibit A <input type="checkbox"/> Other _____	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Last four digits of your SS # _____ <input type="checkbox"/> Unpaid compensation for services performed from _____ to _____ (date) (date)								
2. Date debt was incurred* 06/01/2004	3. If court judgment, date obtained								
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. Unsecured Nonpriority Claim \$ 268,660.73									
<input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority									
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____	Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ UNKNOWN Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 4,660.73								
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)									
5. Total Amount of Claim at Time Case Filed:	\$ 268,660.73	(unsecured)	\$ 268,660.73	(secured)	\$ 268,660.73	(priority)	\$ 268,660.73	(Total)	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.				<small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>					
6. Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.				<small>THIS FORM IS FOR COURT USE ONLY</small>					
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS IF DOCUMENTS ARE NOT AVAILABLE, EXPLAIN. If the documents are voluminous, attach a summary.				<small>FILED JAN 12 2007</small>					
8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.									
Date	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)								
01/10/2007	 <small>Michael T. McGrath, Trustee</small>								
<small>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. § 152.</small>									
<small>USA CMC</small>									
<small>1072502289</small>									

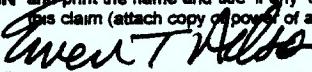
FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT _____		DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor <i>USA COMMERCIAL MORTGAGE CO</i>	Case Number <i>06-10725-LBR</i>		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) <i>A16 LIMITED, A NEVADA LIMITED PARTNERSHIP</i>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Name and address where notices should be sent <i>8904 VILLA GRANITE LANE GRANITE BAY, CA 95746-6481</i>	THIS SPACE IS FOR COURT USE ONLY		
Telephone number			
Last four digits of account or other number by which creditor identifies debtor	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated _____		
1 Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <i>SEE EXHIBIT A</i>			
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
2 Date debt was incurred <i>1/105 ?</i>	3. If court judgment, date obtained		
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Unsecured Nonpriority Claim \$ _____ <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority			
Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <i>Unknown</i> Amount of arrearage and other charges at time case filed included in secured claim if any \$ <i>LINE 2 OF EXHIBIT A</i>			
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)			
5 Total Amount of Claim at Time Case Filed <i>\$LN 4 EX A LN 4 EX A</i> (unsecured) (secured) (priority) (Total) <i>\$LN 4 EX A</i> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary 8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim			
Date <i>1/8/2007</i>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <i>Arnold R. Olvera, President, Causa Corporation, General Partner of A16 Limited</i>		
THIS SPACE IS FOR COURT USE ONLY			
<i>FILED JAN 09 2007</i>			

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152.



USA CMC

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address Gary B. Anderson & Barbara L. Anderson Trustees of the Anderson Family Trust dtd 7/21/92 PO Box 699 Carnelian Bay, CA 96104		DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS <small>If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again</small> THIS SPACE IS FOR COURT USE ONLY	
Creditor Telephone Number () 3814 3217	Check here <input type="checkbox"/> replaces <small>if this claim</small> <input type="checkbox"/> or <small>amends</small> a previously filed claim dated _____		
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) <u>See attached</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages salaries and compensation (fill out below) <small>Last four digits of your SS #:</small> _____ <small>Unpaid compensation for services performed from _____ to _____</small> <small>(date) (date)</small>	
2 DATE DEBT WAS INCURRED		3 IF COURT JUDGMENT, DATE OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ 500,000.00 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority			
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)		SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>Unknown</u> Amount of arrearage and other charges at time case filed included in secured claim if any \$ <u>500,000.00</u> <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____ <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
5 TOTAL AMOUNT OF CLAIM \$ 500,000.00 AT TIME CASE FILED (unsecured)		\$ 500,000.00 (secured)	
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary			
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped, self-addressed envelope and copy of this proof of claim			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) <small>BY MAIL TO</small> BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911			<small>THIS SPACE FOR COURT USE ONLY</small> <small>FILED JAN 13 2007</small>
DATE 11/20/07	SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)  Erven T. Nelson, Attorney		
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571			
		USA CMC  1072502301	

PROOF OF CLAIM

Name of Debtor

USA COMMERCIAL MORTGAGE CO.

Case Number

BK-S-06-10725
LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor and Address

11321241000105
ARTHUR E KEBBLE & THELMA M KEBBLE FAMILY
TRUST DATED 5/19/95
C/O ARTHUR E KEBBLE & THELMA M KEBBLE TRUSTEES
9512 SALEM HILLS CT
LAS VEGAS NV 89134-7883

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

Check box if this address differs from the address on the envelope sent to you by the court

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (702-242-4129)

Last four digits of account or other number by which creditor identifies debtor

#1683

Check here replaces
if this claim or
 amends a previously filed claim dated _____

1 BASIS FOR CLAIM

Goods sold Personal injury/wrongful death

Retiree benefits as defined in 11 U S C § 1114(a)

Services performed Taxes

Wages salaries and compensation (fill out below)

Money loaned Other (describe briefly)

Last four digits of your SS # _____

INTEREST DUE *(#1-10)*

Unpaid compensation for services performed from _____ to _____

Unremitted principal

Other claims against servicer (not for loan balances)

(date) (date)

2 DATE DEBT WAS INCURRED VARIOUS - See #7

3 IF COURT JUDGMENT, DATE OBTAINED _____

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed
See reverse side for important explanations

UNSECURED NONPRIORITY CLAIM \$

Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority

SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

Real Estate Motor Vehicle Other *{1ST TRUST DEED ON PROPERTY}*

Value of Collateral *281,120.90 + 32,646.71 = \$313,767.61*

• Amount of arrearage and other charges *\$32,646.71* included in secured claim, if any *\$32,646.71*

Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7)

Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)

Other - Specify applicable paragraph of 11 U S C § 507(a) (____)

* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM \$ *313,767.61*

AT TIME CASE FILED *+ INTEREST 10,292.54 + HOLD DATES 3,503.82* \$327,563.97

(unsecured)

(secured)

(Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges *X*

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

BY MAIL TO

BMC Group

Attn: USACM Claims Docketing Center

P O Box 911

El Segundo CA 90245-0911

THIS SPACE FOR COURT USE ONLY

BY HAND OR OVERNIGHT DELIVERY TO

BMC Group

Attn: USACM Claims Docketing Center

1330 East Franklin Avenue

El Segundo CA 90245

FILED NOV 10 2006

USA CMC

DATE

11/3/06

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

ARTHUR E KEBBLE
TRUSTEE

Arthur E Kebble



1072501177

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM		
Name of Debtor	USA Commercial Mortgage Company	Case Number	06-10725-LBR		
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>					
Name of Creditor (The person or other entity to whom the debtor owes money or property) Michael R Brines & Cindy G Brines Revocable Family Trust U/A Dated 11/5/94 C/O Michael R. Brines & Cindy G. Brines, TTEE		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.			
Name and address where notices should be sent Michael R Brines 4935 El Sereno Avenue La Crescenta, Ca 91214-3018 Telephone number (818) 249-4344		<small>THIS SPACE IS FOR COURT USE ONLY</small>			
Last four digits of account or other number by which creditor identifies debtor		Check here <input checked="" type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated <u>12/07/06</u>			
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other <u>See Exhibit A</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages salaries and compensation (fill out below) <input type="checkbox"/> Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
2. Date debt was incurred <u>03/04/03</u>		3. If court judgment, date obtained			
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed <small>See reverse side for important explanations.</small> Unsecured Nonpriority Claim \$ 385,559.79					
<input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority		Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)			
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____		Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>unknown</u> Amount of arrearage and other charges at time case filed included in secured claim if any \$ <u>5,829.00</u>			
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a)(____)			
<small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small>					
5. Total Amount of Claim at Time Case Filed		<u>\$ 385,559.79</u> <small>(unsecured)</small>	<u>\$ 385,559.79</u> <small>(secured)</small>	<u>\$ 385,559.79</u> <small>(priority)</small>	<small>(Total)</small>
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
6. Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		<small>THIS SPACE IS FOR COURT USE ONLY</small>			
7. Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary					
8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim					
Date	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)				
01/08/07	Michael R. Brines, Trustee and Cindy G. Brines, Trustee <i>Michael R. Brines, Trustee and Cindy G. Brines, Trustee</i>				
<small>Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. § 1</small>					

USA CMC



1072502431

PROOF OF CLAIM

Name of Debtor

USA COMMERCIAL MORTGAGE CO

Case Number

06-1075-LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address

██████████ 11321241000955
 BROOKS LIVING TRUST DATED 6/30/97
 C/O HOWARD D BROOKS & DOREEN C BROOKS TRUSTEES
 1894 US HIGHWAY 50 E STE 4 # 344
 CARSON CITY NV 89701-3202

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

Check box if this address differs from the address on the envelope sent to you by the court

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (707) 515-0542

Last four digits of account or other number by which creditor identifies debtor

Check here replaces
 if this claim or a previously filed claim dated _____
 amends _____

1 BASIS FOR CLAIM

- Goods sold Personal injury/wrongful death
 Services performed Taxes
 Money loaned Other (describe briefly)

Retiree benefits as defined in 11 U.S.C. § 1114(a)
 Wages salaries and compensation (fill out below)

Last four digits of your SS # _____

Unpaid compensation for services performed from _____ to _____

Unremitted principal
 Other claims against servicer (not for loan balances)

(date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed
 See reverse side for important explanations

UNSECURED NONPRIORITY CLAIM \$ _____

Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority

SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

Real Estate Motor Vehicle Other _____
 Value of Collateral \$ 300,000 +

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____

UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured claim all or part of which is entitled to priority

Amount entitled to priority \$ _____

Specify the priority of the claim

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
 Wages salaries or commissions (up to \$10,000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4)
 Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)

Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7)

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)

Other Specify applicable paragraph of 11 U.S.C. § 507(a) (____)

* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM \$ _____

\$ 300,000

\$ _____

\$ 300,000

(unsecured)

(secured)

(priority)

(Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS *Attach copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous attach a summary

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

BY MAIL TO

BMC Group

Attn: USACM Claims Docketing Center

P.O. Box 911

El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO

BMC Group

Attn: USACM Claims Docketing Center

1330 East Franklin Avenue

El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

FILED NOV 06 2006

DATE

10-28-06

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

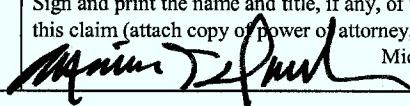
Howard Brooks Tte Howard Brooks

USA CMC

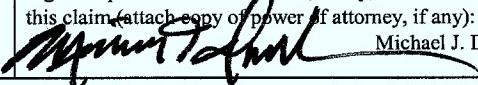


1072501050

FORM B10 (Official Form 10) (04/04)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY		Case Number BK-S 06-10725-LBR	RECEIVED PURSUANT TO THE COURT ON 3 NOV 2006
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property): CARDWELL CHARITABLE TRUST c/o James B. Cardwell, Trustee	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Name and address where notices should be sent: c/o Michael J. Dawson, Esq. 515 South Third Street Las Vegas, NV 89101 Telephone number: (702) 384-1777	This space is for court use only		
Account or other number by which creditor identifies debtor: 4016	Check here <input type="checkbox"/> replaces <input type="checkbox"/> a previously filed claim, dated: _____ if this claim <input type="checkbox"/> amends _____		
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: Various	3. If court judgement, date obtained:		
4. Total Amount of Claim at Time Case Filed: \$ <u>10.00</u> (unsecured)	\$ <u>1,549,483.61</u> (secured)	<u>1,549,493.61</u> (priority)	<u>1,549,493.61</u> (Total)
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____	7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().		
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____			
6. Unsecured Nonpriority Claim \$ 10.00 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.			
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This space is for court use only	
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, mortgages agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
10. Date-Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 11-13-06	Sign and print the name and title, if any, of the creditor or other person authorized to this claim (attach copy of power of attorney, if any):  Michael J. Dawson, Attorney for Claimant		
		USA CMC  1072501407	

FORM B10 (Official Form 10) (04/04)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY		Case Number BK-S 06-10725-LBR	RECEIVED APR 21 2006 U.S. BANKRUPTCY COURT CLERK'S OFFICE LAS VEGAS, NV
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property): CARDWELL FAMILY TRUST C/O JAMES B. CARDWELL & REBA JO		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: c/o Michael J. Dawson, Esq. 515 South Third Street Las Vegas, NV 89101 Telephone number: (702) 384-1777		This space is for court use only	
Account or other number by which creditor identifies debtor: s31670		Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ if this claim <input type="checkbox"/> amends _____	
1. Basis for Claim		<input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) _____ (date) _____	
2. Date debt was incurred: Various		3. If court judgement, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ <u>\$2,329.94</u> (unsecured)		\$ <u>\$3,224,465.88</u> (secured)	<u>\$3,226,795.82</u> (priority) <u>(Total)</u>
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim.		7. Unsecured Priority Claim.	
<input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____		<input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(9).	
Value of Collateral: \$ Unknown		<small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$			
6. Unsecured Nonpriority Claim \$ 2,329.94			
<input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.			
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This space is for court use only	
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, mortgages agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
10. Date-Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 11-13-06	Sign and print the name and title, if any, of the creditor or other person authorized to this claim (attach copy of power of attorney, if any):  Michael J. Dawson, Attorney for Claimant		
USA CMC  1072501401			

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM			
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY	Case Number 06-10725-LBR					
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>						
<p>Name of Creditor (The person or other entity to whom the debtor owes money or property) Josephine Casebolt Trustee of the Casebolt Revocable Trust dated 2/30/94</p> <p>Name and address where notices should be sent Josephine Casebolt 201ada ave apt 46 Mountain View, Ca 94043-4943</p> <p>Telephone number (650)966-1568</p>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court	<small>THIS SPACE IS FOR COURT USE ONLY</small>				
Last four digits of account or other number by which creditor identifies debtor	Check here <input type="checkbox"/> replaces _____ if this claim <input type="checkbox"/> amends a previously filed claim dated _____					
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes See Exhibit A <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)					
2 Date debt was incurred	3 If court judgment, date obtained					
<p>4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.</p> <p>Unsecured Nonpriority Claim \$ _____</p> <p><input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority</p> <p>Unsecured Priority Claim</p> <p><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority</p> <p>Amount entitled to priority \$ _____</p> <p>Specify the priority of the claim</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (1)(B)</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)</p> <p><input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)</p>				<p>Secured Claim</p> <p><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)</p> <p>Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ Unknown</p> <p>Amount of arrearage and other charges at time case filed included in secured claim if any \$ 2040.40</p> <p><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal family or household use - 11 U.S.C. § 507(a)(7)</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)</p> <p><input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a)(____)</p> <p>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</p>		
5 Total Amount of Claim at Time Case Filed	\$ 126,094.38		\$ 126,094.38		\$ 126,094.38	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges				<small>THIS SPACE IS FOR COURT USE ONLY</small>		
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim						
7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous, attach a summary						
8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim						
Date 1/9/07	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any).			FILED JAN 11 2007		
<small>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C.</small>						

USA CMC



1072502146